

**SUMMARY SUBCONTRACT REPORT**  
**(See instructions on reverse)**

OMB No.: **9000-0007**  
Expires: 03/31/98

Public reporting burden for this collection of information is estimated to average 13 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED	
a. COMPANY NAME				
b. STREET ADDRESS			4. REPORTING PERIOD:	
c. CITY			<input type="checkbox"/> OCT 1 - MAR 31	<input type="checkbox"/> OCT 1 - SEPT 30
d. STATE			YEAR	
e. ZIP CODE				
2. CONTRACTOR IDENTIFICATION NUMBER			5. TYPE OF REPORT	
			<input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISED	

6. ADMINISTERING ACTIVITY (Please check applicable box)

<input type="checkbox"/> ARMY	<input type="checkbox"/> DEFENSE LOGISTICS AGENCY	<input type="checkbox"/> DOE
<input type="checkbox"/> NAVY	<input type="checkbox"/> NASA	<input type="checkbox"/> OTHER FEDERAL AGENCY (Specify)
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> GSA	

7. REPORT SUBMITTED AS (Check one)		8. TYPE OF PLAN	
<input type="checkbox"/> PRIME CONTRACTOR	<input type="checkbox"/> BOTH	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> COMMERCIAL PRODUCTS
<input type="checkbox"/> SUBCONTRACTOR		IF PLAN IS A COMMERCIAL PRODUCT PLAN, SPECIFY THE PERCENTAGE OF THE DOLLARS ON THIS REPORT ATTRIBUTABLE TO THIS AGENCY. <input checked="" type="radio"/>	

9. CONTRACTOR'S MAJOR PRODUCTS OR SERVICE LINES

a		c	
b		d	

**CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS**  
**(Report cumulative figures for reporting period in Block 4)**

TYPE	WHOLE DOLLARS	PERCENT (To nearest tenth of a %)
10a. SMALL BUSINESS CONCERNS (Include SDB, WOSB, HBCU/MI) (Dollar Amount and Percent of 10c.)		
10b. LARGE BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)		
10c. TOTAL (Sum of 10a and 10b.)		100.0%
11. SMALL DISADVANTAGED (SDB) CONCERNS (Dollar Amount and Percent of 10c.)		
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Percent of 10c.)		
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI) (If applicable)(Dollar Amount and Percent of 10c.)		
14. REMARKS		

15. CONTRACTOR'S OFFICIAL WHO ADMINISTERS SUBCONTRACTING PROGRAM

a. NAME	b. TITLE	c. TELEPHONE NUMBER	
		AREA CODE	NUMBER

16. CHIEF EXECUTIVE OFFICER

a. NAME	c. SIGNATURE
b. TITLE	d. DATE